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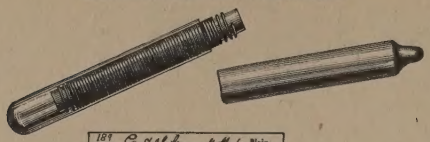

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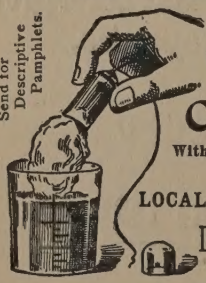

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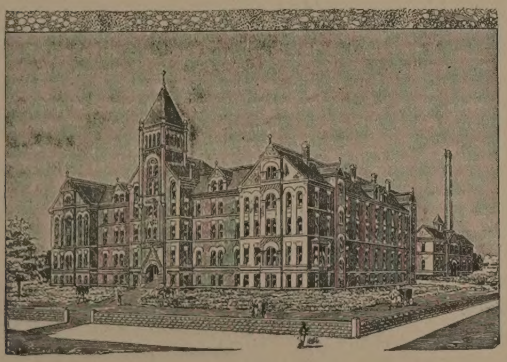

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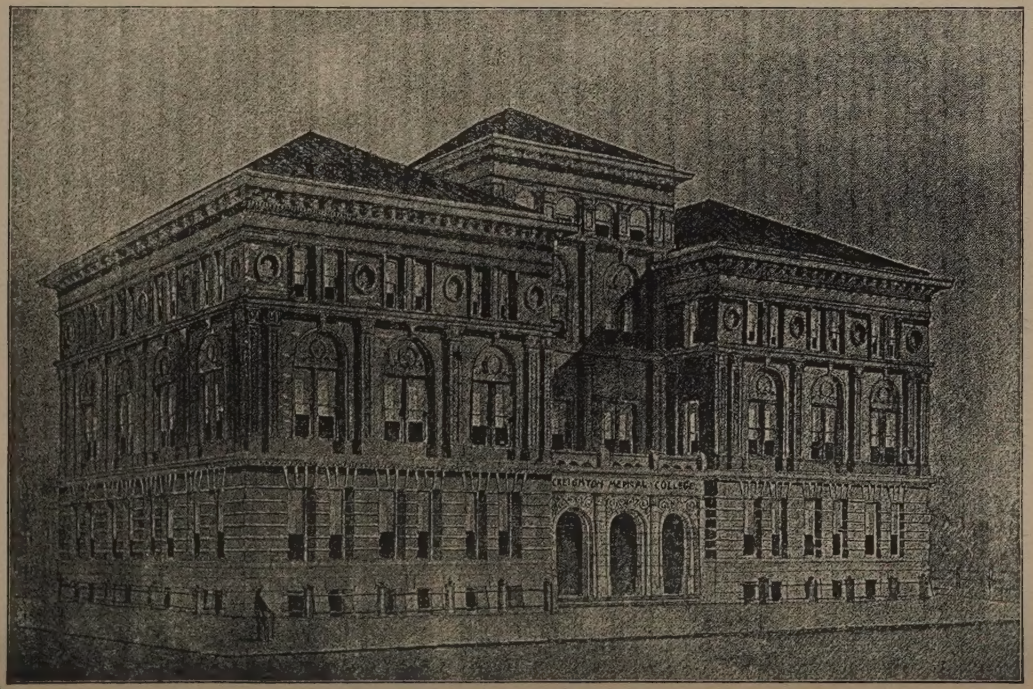

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MEDICINE.

UNDER THE CHARGE OF
L. W. LITTIG, A. M., M. D., M. R. C. S.,
Professor Theory and Practice of Medicine, Iowa State University, Iowa City, Iowa.
AND G. A. SMITH, M. D., *Clinton, Iowa.*
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REPORT OF CHAIRMAN.*

By G. A. Smith, M. D., Clinton, Iowa.

THE PRACTICE of medicine, in some form, is unquestionably as old as humanity itself; although, away back in the dim and distant ages of the past, of which we have no record, diseases and the application of remedies for their relief and cure, must have existed, we have no history of medicine till 460 B. C. From that time you are all familiar with it; but, notwithstanding the practice of medicine has kept pace with the wonderful development and advancement of mankind, it is not yet an exact science; the goal, however, seems a little nearer each year, and slowly but surely superstition, empiricism and speculation are being relegated to the past, and education, scientific research and investigation, coupled with good common sense, are becoming more and more essential to successful work.

We gather experience, as the years glide by, and leave for posterity a work which, while not complete, is still nearer so than that which our predecessors left us. Consequently, the heavens seem brighter and man more hopeful in contemplation of the fact that sometime we may reach that exalted position where we will have a specific for every disease.

Success in the practice of medicine depends largely on our knowledge of its collateral branches; one may be an expert surgeon, or a successful specialist, without mastering all that per-

*Read before the Iowa State Medical Society, at Marshalltown, May, 1897.

tains to the economy of the human system; but the practitioner of medicine — the doctor, if you please — must be a profound student of all if he would rise to the higher ranks of his profession.

He may, and often does, call to his aid the surgeon and specialist, because, on account of the more limited field of their study, investigation and experience, they become more expert than he in those certain lines to which their efforts and energies have been directed; but the public, if it would do full justice, must make its most profound bow to the doctor as the man above all others in the great army of relievers of suffering humanity to whom the *greatest* honors are due.

The doctor is usually one of the principal men of the community; he is always a philanthropist, often by choice, sometimes from necessity, but he is not alive to his own interests when he permits his desire to be regarded a great and good man to influence him to accept a position on some hospital or dispensary staff, and thus, by the gratuitous services rendered, rob himself as well as his fellow workers of the practice for which they should be paid.

Other avocations protect their votaries; why not we?

It is not yet too late in young Iowa; but if we continue in this free dispensation of our services conditions here will be as they are in the east, of which the editor of the *Medical News* says:

"Even now, as we near the vortex of muddy competition and as we are about to go down for the last time, we must acknowledge a better justice in our fate; for years of neutrality and final servility have taught pompous laymen (and women, too, I would add) who pose as public benefactors and philanthropists, that doctors will stand any amount of robbery and degradation to secure and keep a hospital or dispensary position." This is a serious question and it is well for us to give it early and earnest consideration.

I do not wish to be understood as advocating the withholding of our skill from those who by misfortune are unable to pay the regulation charges, but I do protest against the indiscriminate bestowal of time and talent upon those who could and should pay for the services they require or upon those for whom the county or state should provide.

Another year has added its record to the scroll of time, and in the realm of medicine it becomes my pleasant duty to take a retrospective glance and chronicle for this society the progress made, the important events that have transpired and the diseases that have afflicted humanity in all lands.

No remarkable discoveries in medicine were made in 1896. The year, however, will be distinguished as the centennial anniversary of the discovery of Jenner's great boon to mankind and the semi-centennial of the greatest of all modern discoveries in medicine — anæsthesia.

During the year investigation and experimentation has continued with several previous important discoveries, principal of which is serum therapy, especially the antitoxin treatment of diphtheria, and the application of the Roentgen rays to medicine and surgery.

At last year's meeting of the society we had admirable papers upon both these subjects, consequently it is unnecessary to go into details regarding them. I will, therefore, refer only to the results achieved and conclusions reached since that time.

The Roentgen rays, discovered in 1895, while not fulfilling all that many enthusiastic advocates predicted, are of sufficient value and use in medicine even now to warrant the expectation that in the future still greater benefits will be derived from them, and although their practical utility will undoubtedly always be much greater in surgery than in medicine, the doctor will find in the fluoroscope a great aid in arriving at correct diagnosis. This value has already been demonstrated in diseases of the chest and other cavities of the body, also in determining the heart area and in the location of abscesses, tumors and various other diseased conditions, and as improvements in methods of application are made better and more satisfactory results will be secured.

Physicians, as scientific men, should not in speaking of this discovery make the mistake common at first, and still made by a few, of calling the "X" or Roentgen rays cathode rays. They are not cathode rays. Mr. Edison says, "A cathode ray can not pass through the paper cover or even the glass sides of a vacuum tube"; hence, until the nature of this wonderful discovery is

more definitely known it seems best to call them Roentgen rays, as a matter of honor and simple justice to their discoverer.

Serum therapy added no new laurels to its crown of success in 1896; and unless we accept without question the statements and statistics regarding it in the treatment of diphtheria, it does not occupy as promising a position as it did one year ago.

From various statements it seems that the intelligent and scientific use of antitoxin in the treatment of diphtheria has accomplished all that was claimed for it by conservative advocates.

Statistics on their face demonstrate that whenever or wherever it has been used by men of skill and sound judgment the mortality has been greatly reduced, and although numerous deaths have resulted, directly attributable to its use, its advocates explain them in the language of Dr. Knight, of New York City, who says:

"Personally I am not familiar with any objection to serum therapy and am inclined to suspect that such accidents as have been reported have been due to careless technique or imperfect fluid. Moreover, I am confident that many phenomena ascribed to the serum were frequently seen long before the days of antitoxin."

If the reduced mortality is questioned, statistics without limit are quoted, all of which are so flattering that the great Professor Virchow said:

"All theoretical consideration must give way before the brute force of these figures."

On the other hand, adverse opinions are equally strong. Dr. J. J. Lawerence, of St. Louis, a physician of experience and a medical writer of prominence, in a recent article says:

"It is strange beyond belief that men still continue to gravely discuss the merits and demerits of antitoxin as though there were such a thing.

"It has been demonstrated with tedious repetition that the sole therapeutic powers of antitoxin, so-called, are absolutely dependent upon the carbolic acid or other antiseptic ingredient.

"There is no case upon record of diphtheria being treated with blood serum without the antiseptic, but cases of sudden death and bodily injury from its use are abundant. The antitoxin idea has never been tested in a single instance. It is and

remains an untenable hypothesis. To claim for blood serum, on an undemonstrated theory, the old, well-known virtues of certain antiseptics smacks of dishonesty.

"Those who are engaged commercially in this venture and those who are striving for the fruits of sensationalism, bacteriologists, etc., can not be expected to see the truth however plain it is, but clinicians who have been misled by the enthusiasm of the above class are discontinuing the use of antitoxin very rapidly, as shown by the reduced demand for this article at various depots. This is a practical fact which offsets tons of theory. So, why give antitoxin to make a few German firms and their imitators rich? If you believe in hypodermic administration of antiseptics in diphtheria by all means use them, but let your menstruum consist of a pure normal saline solution that it may no longer be said that we are the most credulous and gullible of nations."

The able, scientific, but conservative, Dr. H. C. Wood, of Philadelphia, while advancing the idea that "every conscientious physician should use antitoxin in diphtheria just as much as he would use quinine in malaria," adds this caution:

"Of course a Loeffler bacillus antitoxin is useless against a streptococcus toxin; theoretically at least two antitoxins should be used, and not one, in most cases of advanced diphtheria.

"The absolute importance of the use of the antitoxin during the first day of a diphtheria is very evident. There are very few if any well-observed cases of diphtheria on record in which it has been positively determined that the antitoxin administered during the first few hours after the outbreak of the disease has failed to bring about a cure. On the other hand, our statistics seem to show that if the injection be postponed until the fifth day, the mortality rate with the use of antitoxin would be no less than without it. Our modern municipal scientific methods, notwithstanding all their laudations, are very liable to become causes of death."

Dr. J. M. Langsdale, of Kansas City, in an able and exhaustive paper on serum therapy, draws the following conclusions, which in my judgment commend themselves to all:

"From all the statistics at hand and the opinions of the leading observers I conclude that antitoxin has some specific curative

power in diphtheria, simple and uncomplicated; that if a case of Klebs-Loeffler bacillus diphtheria is complicated with streptococcus it would be useless and possibly dangerous to use diphtheritic antitoxin unless local applications destructive to the streptococcus are successful; that the immunizing power of antitoxin has not been established beyond a doubt; that in some cases of diphtheria antitoxin may be contraindicated, but that we are as yet unable to discriminate; that as an immunizing agent antitoxin is very dangerous and I believe should not be used in any case before diphtheria is established; that all antitoxin on the market is not reliable and some if used will cause death.

"I believe that the production of antitoxin should be under government control and inspection."

Until this is the case, even should all claims for antitoxin be proven, country physicians in small towns and indeed those in cities of considerable importance remote from the centers of production, must of necessity be deprived of the use of the remedy; consequently our lines of study, research and investigation should still reach out and take in the best methods by other means for combating the grim destroyer of the infant life of the world.

The result of serum therapy in other diseases has not as yet been sufficiently pronounced to even warrant the quoting of statistics. It is said to be of some considerable benefit in erysipelas, it promises much in tubercolosis, and it has been tried with negative results in nearly every other disease caused by micro-organisms. Investigators are not willing to give out the results of their labors, but we may await the future with anticipation.

It is hoped that in the treatment of the "great white plague" serum therapy will achieve success.

Tubercolosis is becoming alarmingly prevalent and it is imperative that something be done to arrest its progress. In the treatment of this disease grave responsibilities devolve upon the physician. Above all things he should be perfectly honest with the patient. He is criminally negligent who prescribes for a suspected case without a positive diagnosis; and if the disease is present if he does not candidly explain the dangers of contagion and transmission. His duty, however, does not stop here; the friends, especially the immediate family, should also be informed and all

should receive explicit directions as to the precautions necessary to be taken.

As physicians, with a special knowledge of such matters, we owe it to the world to prevent by our advice and influence the marriage of the afflicted, and when married to aid them so far as is legitimate in preventing the bringing into the world a diseased progeny. If all physicians would do these things, in less than ten years the mortality from consumption would be reduced more than one-half.

The general public also needs educating, as many otherwise intelligent people believe the statement frequently made in the secular press that *consumption can be cured.* The refutation of this statement should be both general and emphatic by individual physicians and medical organizations of all kinds.

Our law makers should also have their attention called to the necessity of legislation such as has been enacted for the control of other dangerous and contagious diseases. The fact that its progress is slow should deter no one from his duty.

We should all use our influence to add to the economy of this great and enlightened nation a *department of health*, with a *secretary* who shall be a member of the *president's cabinet.*

The farmer, the lawyer, the financier, the laborer, the soldier, and the sailor — in fact all business avocations of man except the highest and noblest of them all are represented in our civil governmental policy; and we, as the conservators of the life and health of the nation, should demand the recognition to which we are certainly entitled. When this is done the time will speedily arrive when the health of the people will be considered of as much importance at least as the farmer's stock; when tuberculosis in man will be as persistently fought as that in the ox; when a remedy to combat diphtheria, scarlet fever, small pox, typhoid fever, and all other dangerous diseases, will be as eagerly sought for, at government expense, as is now a cure for glanders in the horse, Texas fever in cattle, and foot rot in sheep; when the locality where the afflicted whose diseases are influenced by climate will be investigated as thoroughly as is the place where grains, fruits and vegetables can be most successfully grown. Concerted action

by medical men will inaugurate and carry out this reform and it is our duty to enter at once upon the grand crusade.

The United States and, in fact, if we except the West Indies, the entire western continent, was remarkably free from the ravages of epidemic diseases during 1896. Small pox prevailed to some extent in various parts of the United States but was well controlled by the local sanitary authorities of the localities where it appeared, the disease assuming an epidemic form only in Wheeling and Martin's Ferry, West Virginia, and New Orleans and Key West. At the latter place, notwithstanding the unfavorable sanitary conditions and the extreme ignorance and filth of the greater part of its inhabitants, the state board of health, acting in conjunction with the local authorities, succeeded in less than two months in effectually arresting the spread and progress of the disease.

In the West Indies the epidemic was more severe; the unsettled and the unsanitary condition of Cuba, rendered more so than ever on account of the war in progress, suffered the most; the unacclimated Spanish troops being especially subject to its contagion, and in their military hospitals the mortality was very high.

On the continent there were severe epidemics in Diarbekin, Turkey, and Gloucester, England, and a few smaller places, but the metropolitan cities were unusually free from the disease, although in most of them there was always a few cases under treatment.

The epidemic in Gloucester teaches, or should teach, a salutary lesson to anti-vaccinationists; there vaccination had practically been disregarded and neglected for nearly ten years and the mortality among those unprotected by it was frightful. This was especially true of infants and young children, and the increase in the number of cases, which had quickly reached 1,300, was not checked in the least till the authorities rigidly enforced the vaccination laws; this being done the disease was soon under control.

Yellow fever, on account of the strict enforcement of our quarantine laws, did not gain a foothold in the United States although it was epidemic in the West Indies and especially prevalent in Cuba and Rio de Janerio. In Cuba, as was the case with small pox, the unsanitary conditions incident to war contributed to its prop-

agation and distribution, the Spanish soldiers being terribly stricken while the native population was almost exempt. Unofficial reports state that the death rate was appalling and was suppressed by the Spanish authorities on account of the effect it might have in stimulating the insurgents to continue their fight for independence and in preventing securing fresh troops from the mother country.

Influenza seemed to rest from its labors all over the world in 1896. No epidemics were reported from any quarter; only an occasional case was heard of and even then the correctness of the diagnosis was questioned.

Cholera did not make its appearance in the United States or in any part of the western continent or in Europe in 1896. It was, however, prevalent during the entire year and epidemic almost all the time in Egypt. Its extent and severity may be judged by the fact that the mortality there reached nearly 20,000. Bombay and Calcutta also suffered greatly, but Japan, emulating the more civilized nations of the world, by efficient sanitary restrictions and regulations escaped with only a few isolated cases, although her army returning from China the year before brought many afflicted with the disease with them.

The bubonic plague appeared early in 1896 in Canton, China. It spread rapidly and was soon prevalent over a greater part of the empire. Early in autumn Bombay and Calcutta became afflicted and the death rate, especially in British India, has been terrible. The disease in all these localities continues unabated and vast sums of money, a plentiful supply of food and strict sanitary regulations will be required for its arrest and control.

The bubonic plague is undoubtedly identical with the black plague or black death of the middle ages. It is a concomitant of improper and insufficient food, filth, unsanitary conditions and the extreme ignorance of the people combined; it shuns higher civilization and cleanliness and seems to devote itself to the heathen nations only.

An interesting feature connected with its appearance in Bombay is the fact that rats in large numbers died of the disease there before human beings were afflicted, suggesting the idea that the rats which infest the holds of the ships plying between Hong-

Kong and Bombay, becoming contaminated with the plague bacillus in the former place, carried the contagion with them to the latter place, and from this source the population became infected. That the rats were afflicted there is no doubt, for they died in such large numbers and were so plentiful in the streets that the children used them as playthings.

Professor Haffkine, acting at the instance of the British government, demonstrated by careful research the presence of the plague bacilllus in the dead rats, establishing beyond a reasonable doubt that the disease is epidemic coincidentally among rats and human beings. There are numerous lines in medicine upon which patient, persistent and enthusiastic investigators are bending earnest and commendable effort; their work, however, like that of Harvey, Jenner, and a score of other illustrious predecessors, is frequently ridiculed and scoffed at by many of the rank and file of the profession; this spirit of intolerance is too prevalent and should not exist in such an honorable, enlightened and progressive calling as that of medicine.

We should all endeavor to be charitable as well as just. There are many things many of us do not understand; what to-day seems foolish and visionary next year may be a proven fact and those who opposed or decried it will be ashamed of their position. Nevertheless, we should "prove all things," and "hold fast only to that which is good." Give prompt and adequate credit to those who, with a zeal worthy of emulation, seek out the mysteries of disease and the remedies for its relief and thus add to the ever increasing knowledge of medicine their humble part; for as Carlyle says:

"Doctors, like the masses of mankind, keep down in the valleys of knowledge; only a few ever climb up the highlands and see the march of true science."

PROGRESS OF OPHTHALMOLOGY AND OTOLOGY.*

By F. E. Sampson, M. D., Creston, Iowa.

A DETAILED report of the progress of ophthalmology and otology for the year past, after due consideration, I concluded would be impossible for me to accomplish. I shall, therefore, treat the subject in a very general way and report two cases that were of unusual interest to me.

Progress, the real genuine article, is often hard to identify. I don't know how many things I had in mind to inflict on you for something new, when further investigation showed them to be old. Verily, we seem often to progress in circles.

Another difficulty is that before we report a thing as being truly a step in advance we want to be reasonably sure that such is really the case, and by the time the thing is well established it is no longer new. In our fervorous search for something that will relieve pain and restore function, something that will circumvent the eternal law of compensation, we are liable to invest in green fruit; and every one of us have noticed what a profuse diarrhœa of comment is likely to be induced by such investments. We sometimes find these dejections scattered all over the pages of our medical journals, special as well as general.

Take for instance the wholesale performance of graduated tenotomies on the eye muscles for all degrees of heterophoria. The muss it occasioned isn't all cleaned up yet. Not but what this proceeding may have a place on the bill of fare, but it certainly will not do for a staple article of diet.

During the year many valuable contributions have been made to the physiology and minute anatomy of the eye. In treatment, new methods and new remedies have been introduced, but nothing revolutionary has, to my knowledge, been brought forward. Subconjunctival injections are still in use and probably deserve a place in ocular therapeutics.

Electrolysis for separation of the retina has proved disappointing.

Many new operations have been introduced that have still to show their superiority over the ones they propose to succeed.

*Read before the Iowa State Medical Society at Marshalltown, May 1897.

An interesting feature of the ophthalmological literature of the year has been reports of investigations of the bacteria productive of acute conjunctivitis. These bear the promise of giving us a clear classification of this class of eye diseases. The work of Morax and Beach, of Paris, on acute contagious conjunctivitis is corroborative of that done by Dr. Weeks, of New York, and reported by him in 1890, viz.: that the Weeks bacillus is the cause of what is usually called pink-eye, and that daily instillation of 2 per cent nitrate silver will cure the trouble somewhat sooner than expectant treatment.

In diphtheria conjunctivitis they found that the cases caused by the Klebs-Loeffler germ were decidedly benefited by antitoxin treatment.

Their reference to pneumococcus conjunctivitis was brief and incomplete. On this variety Dr. Gifford, of Omaha, makes a very interesting report, in which he claims that the pneumococcus is the active agent in the most prevalent form of acute contagious conjunctivitis in and around Omaha. He proved the etiological relation of the pneumococcus by finding it in the secretions, producing pure culture and with these reproducing the disease in man. He finds chloride of zinc, one grain to the ounce, highly satisfactory in treating the disease. Since reading his report I have found the pneumococcus in a considerable number of cases of acute conjunctivitis in and about Creston. Two of these were new babies and the clinical aspect was distinctly suggestive of gonorrhœal conjunctivitis, as was also the microscopic appearance of the secretion at the first peep; of course, careful examination and staining by Gram's method settled the question very definitely.

The influence of disease of the accessory nasal cavities on the eye is attracting worthy attention.

An elaborate study along this line, especially with reference to the diseases of the sphenoidal sinus, was contributed by C. R. Holmes. These investigations show the necessity of associating rhinlogy with ophthalmology. Indeed it is constantly becoming more apparent that all the 'ologies embraced by the science of medicine are necessary adjuncts to each other in practice, and he who would be most successful in any specialty, while he may train his eye and his fingers for one, his head must keep track of them

all ; his knowledge of pathological conditions and their relations must include the whole list.

The inseparable branches of otology and rhinology have made a good healthy growth during the past year. Not of the boom sort, such as is induced by a startling discovery, but rather of the steady, staying kind, such as elaboration of the etiology and pathology of ear and nasal diseases, quietly drawing attention to the importance of ear and nasal lesions as causes of serious general disturbances and reducing the theories of yesterday to practical formulæ for to-day.

The magnificent work of MacEwen, and others laboring along the same line, is bearing fruit, and the current literature of the year has been rich in reports of observations and good practical work on the infections of the brain, its coverings and sinuses, from ear and nasal lesions. A highly gratifiying feature about it is that these reports are not coming from a few men or a few centers of medical instruction, but from all directions, showing that knowledge along this line has been reduced to the distinctly practical. The nice problem of pathology or the clinical curiosity of a short time ago has become the every-day implement of usefulness, and the doctor, as well as the professor, makes use of it for the preservation of life and the restoration of function.

All along the line of aural and nasal pathology, the evidence has been accumulating to show the importance of these regions and their accessory cavities as infection atria,—gates of entry where the invading enemy finds access to his prey. The mastoid antrum and cells, though long known to be important factors, have never been so thoroughly and generally recognized as ports of entry for infection. The antrum of Highmore has long been known to be a convenient receptacle for pus ; but the recognition of suppurative disease in the cells of the ethmoid bone, the sphenoidal and frontal sinuses, are now attracting something like the attention they deserve. Most text-books of one or two years ago spoke of suppuration in the frontal and sphenoidal sinuses only to bewail the paucity of reports and meagerness of knowledge of these conditions. I judge the authors of the future will not find this difficulty if they refer to THE JOURNAL files of '96 and '97.

Of special note along this line might be mentioned the reports of Zeim, Gleitesman, Holmes, Dreyfuss, and many others who in reporting observations have also given us perfected methods of treatment — operative and otherwise.

The following cases of mastoid disease present some feautures of interest, as well as some questions, and I take the liberty of reporting them somewhat in detail. The first came under my care November 4, 1896, man aged thirty-four, who had suffered severely from earache six weeks previously. The ear "broke" and felt better for a few days; again became painful. Some time after this a painful swelling appeared on the neck below the mastoid process. The patient also complained of toothache, and his physician advised him to consult a dentist. Coming to Creston for that purpose, he consulted Dr. M. F. Stever, who diagnosed mastoid disease. and referred him to me. The patient's general condition was bad, said he had a number of chills during the two days previous. His temperature was 102°; ear discharging quite freely. The swelling on neck extended nearly to the clavicle, was painful on pressure and fluctuation could be detected. He was sent to the hospital and operated upon the next morning. The case proved to be one of the so-called Bezold variety.

When the soft tissues were dissected from the tip of the mastoid pus, welled up from below. A probe was pushed down the neck to a point three inches below the mastoid, and incision made down to tip and drainage introduced. The whole mastoid process was cleaned out with gouge and curette.

On attempting to curette the passage from mastoid antrum to middle ear I got a decided response from facial nerve in the way of a twitch of the facial muscles. Careful manipulation with the probe, found the sensitive spot to be on the outer wall of the aditus ad-antrum, a place where the facial nerve has no business to go and where it would almost certainly be injured in doing the Stacke operation or any of its modifications. The distance from the surface of the bone to the bottom of the mastoid antrum was fully one inch. I have since been looking up the literature to see if a deep lying antrum was likely to be accompanied by this anomalous position of the facial nerve, but as yet have found no reference to it.

For two days after operation the range of this patient's temperature led me to entertain some hopes of getting to examine his temporal bone at my leisure; but he ultimately made a good recovery and at no time gave any evidence of damage to the facial nerve.

Case No. 2.— Girl, aged twelve, under observation December 27, 1896. History of pain referred to left mastoid and occipital regions for four weeks previous. Appetite had been very capricious and sleep much disturbed for two weeks. No history of discharge from ear. She was pale, head and neck held rigid. Examination of ear found nothing abnormal, save a slight diminution of hearing power. The mastoid region appeared normal in color; skin slightly œdematous over the tip; the œdema extending one and one-half inches down the neck. The mastoid tip was exquisitely tender on pressure, as was also the neck along the upper one-third of sterno-mastoid muscle.

Temperature 97½°, which was at once retaken with special caution, and found the same.

The patient was sent to the hospital, where she was kept under close observation, her temperature being recorded every two hours until the following morning. The temperature record showed wide and rapid variations, the range being from 97° to 101°; the variations sometimes being as much as two degrees in two hours. There was no well marked rigor; no paralytic manifestations; pupils even and active; optic discs normal in appearance; motility of eye-balls perfect and no lung disturbance noticeable. A brisk purge having been given the night previous and the local pain and crazy temperature continuing, I advised operation on the mastoid.

The mastoid cortex was freely removed and the antrum opened. There was nothing wrong with it. The cells were quite well developed in the region of the antrum, and were to all appearances in good condition. The antrum being packed with gauze, the operation was extended into the tip of the process, and it was here that I found a focus of suppuration. The pus cavity was of about ten minims capacity and surrounded with highly vascular tissue. Careful use of the probe found no outlet. The cavity was scrubbed with bichloride. The antrum packed with fresh gauze, upper half of skin wound sutured, and patient put to bed.

During the next two days she had a temperature ranging from 98½° to 100°, after which it dropped to normal and remained there; headache ceased at once, appetite improved, and in a few days tenderness of the neck had disappeared. There was some suppuration during healing, but the middle ear fortunately did not become infected. The wound was not syringed, but mopped out with cotton, bearing a 1 to 100 formalin solution, which by the way I find to be a highly satisfactory pus discourager.

Primary mastoid disease, as this evidently was, is a comparatively rare disease. An osteomyelitis may of course occur in the mastoid as in other bones, and the indications would be the same here as elsewhere.

The peculiar feature of this case was the rapidly variable temperature, at times being sub-normal. It was, of course, suggestive of brain abscess, but there were no motor, sensory, or mental disturbances; and its almost immediate restoration to normal after operation, with the subsequent history, made such a lesion out of the question. I would be pleased to get an explanation for this temperature.

The swelling over mastoid and down the neck while suggestive of extending thrombus were, of course, merely secondary to the osteomyelitic process going on in the mastoid.

Since operating on this case, the question occurs to me, that in cases that give sufficient evidence to warrant operation, and where there is no evident disease of middle ear and no bulging of upper meatal wall, would it not be well to explore the outlying mastoid tissue before opening the antrum, and, in the event of finding a suppurating focus well walled off, leave the antrum unopened, thus guarding the antrum and middle ear from infection, as we would guard a joint in operating for osteomyelitis in the extremity of a long bone?

TORTICOLLIS—REPORT OF CASES.

By James W. Cokenower, M. D., Des Moines, Iowa.

TORTICOLLIS, or wry neck, like most other deformities that come under the head of orthopedic surgery, can easily be noticed after the deformity occurs, and the prognosis is usually bad, unless promptly treated, and spontaneous recoveries seldom occur.

There is a variety of wry necks and many causes which produce them, and it is not the purpose of this paper to go into the histology, etiology or pathology of the subject, but to point out some of the principal and most practical factors which are most important to the general practitioner. It is no easy matter to distinguish the deformity of true torticollis from spondylitis produced by cervical caries, fracture, spondylisthesis or dislocation of a cervical vertebra, and these diseases are very often confounded, because the deformity or position of the head is nearly the same. The principal distinguishing features in true torticollis are: First, the face looks upward; second, the head is thrown backward; and third, the neck is rotated, while in spondylitis, caries, spondylithesis or dislocation, or diseases of the cervical vertebræ, the symptoms are: first, the bend at the site of the injury is often abrupt; second, the head is twisted very sharply to one side; third, the neck is bent forward and the face looks downward; there is localized cervical pain, and subjective as well as objective localized symptoms; while in true torticollis there is no pain or soreness, save that which is occasioned from the abnormal position of the head. Subjects thus afflicted are of a nervous, excitable nature, which must be considered as a true neurosis, and takes its place with clonic spasm of the face and stammering, and is due to an irritable condition of the spinal accessory nerve. Congenital torticollis is either due to faulty development or traumatism, and will receive the same attention as acquired torticollis.

The classes of acquired torticollis which we wish to consider are, spastic, paralytic, compensatory, idiopathic, and that which is acquired from continued habit. For instance, a child cannot

Read before the Iowa State Medical Society, at Marshalltown, May, 1897.

see except with one eye, or hear with but one ear, or is using one of the latest improved school desks, which, to speak as mildly as possible of them, are anything but what they should be, while oftentimes the light is received from the wrong direction, or when they have passed beyond their school days and are employed at clerical work, the same thing may occur, and this kept up continually has proven to be a very great source of torticollis, especially so if the subject be nervous and irritable. Another class of wry neck is that which is occasioned by clonic spasm of the sterno-cleido-mastoid, splenius capitus and trapezius muscles upon one side and a tonic spasm of the opposing muscles upon the opposite side. The most of these which I have mentioned, if treatment be commenced early, usually can be overcome by massage, inunction, electricity, mechanical appliances, and sulphate of atropine injected hypodermically locally, into the muscles affected, and sulphate of strychnine and fluid extract of conium given internally. This treatment in acute cases has proven very satisfactory to me, especially so with those of neurotic origin ; but the chronic forms which have developed fibrous muscular degeneration, are of course incurable without surgical interference. Little or no constitutional disturbance follows this affliction, which is more distressing from unsightliness than from actual discomfort. The deformity is eminently curable by surgical intervention, except the intermittent form, which depends upon a neurotic system.

I will now report three cases, illustrating as many causes, forms and treatment.

First Case. November 20, 1896. Girl five years old. After recovering from a severe attack of scarlet fever, it was noticed by her parents that the position of her head was not right. At first, this trivial deformity did not alarm them, but soon it was observed that the deformity was rapidly increasing ; three weeks later I was called and found her head held by a clonic spasm of the muscles on the left side of her neck in the following position : rotated to the right 30° on a vertical axis ; extended to the right 20° on a transverse axis ; flexed on left shoulder 40° on an antero-posterior axis. The history of the case proved that any kind of excitement or fatigue would increase the deformity, and when in a state of repose or sleep the spasm of the muscles seemed to materially

diminish ; this, with the other history of the case, convinced me that it was a typical case for medicinal treatment, to overcome the clonic spasm of the muscles. I gave her a good general tonic, and commenced with five drops daily of fluid extract of conium, increasing to forty drops, and locally used inunction, massage, and hypodermic injections of atropine. Realizing that the effort to keep her head straight was a severe tax upon her nervous system, I constructed a brace which relieved the deformity and permitted her to go about. One month after treatment began, a marked improvement was noticed, which continued, and soon the amount of medication was gradually diminished and time for same increased until February 25th, a little over three months from the time treatment began, the brace was removed and all treatment stopped. The spasm of the muscles was entirely gone, and she was able to hold her head in a normal position.

Second Case. December 15, 1896. A boy thirteen years old was brought to me for examination ; parents and three brothers and one sister all healthy, and I learn had always been so. The boy had impaired vision in one eye from a traumatism received when but three years old, but was a regular attendant at school. It was noticed in January, 1896, that he held his head a little to one side when studying, yet nothing was thought of this until about one month later when the family physician, who is a good observer, noticed that there seemed to be a spasm of the sterno-cleido-mastoid muscle on the left side, producing wry neck ; yet the family thought nothing of it, believing it simply a habit and wholly under control of the boy. However, the family physician looked upon the case more seriously, and began constitutional and local treatment, which was kept up without any benefit, and the deformity rapidly increased until the case was brought to me, December 15, 1896. From the history of the case I concluded the deformity was due to a spastic or paralytic condition of the muscles on the right side, and that it had been produced by the position of the head while studying at school, augmented by impaired vision in one eye. Believing about all had been done that could be except surgical interference, I at once operated by severing the sternal and clavicular head of the sterno-cleido-mastoid muscle, after which it was easy to put the head in an over

corrected position, retaining it there with a plaster of paris cast over a head dress to protect the hair. This cast was left on until the first week in January when it was removed and nothing further needed, as the head, without any special effort, was held in the normal position and no further deformity existed.

Third case. A Jewess, seventeen years old, presented herself at my clinic at Mercy Hospital October 17, 1896. This case is one which brings out an element in torticollis which has not been given, so far as I can learn, very much attention by writers on orthopedic surgery, and that is the injury to the mental faculties of the patient. This girl was the eldest child of a family of six. Her parents were healthy and so were all her brothers and sisters, who were all exceedingly bright. After receiving the history of the case and investigating the cause, as best I could, for this deformity, I decided it to be a case of congenital torticollis due to traumatism supposedly received from the forceps during instrumental delivery, paralyzing the muscles upon one side of the neck. The child continued to grow, develop, and did well, but the muscles upon the paralyzed side of the neck did not, and the older, larger and faster she grew, the greater the deformity. This state of affairs continued until she reached the age of about ten, up to, and during which time her mental faculties did not seem materially impaired, although she was quite nervous. However, even before this time, there was a marked change from the normal shape of the head, producing an idiotic appearance and expression, due in my opinion, to the position in which her head had been held all her life, which no doubt caused a compression of the brain, producing the impaired condition of her mental faculties. This state of affairs continued uninterrupted, judging from the history given, and gradually increased, until she fell into my hands October 17, 1896. She presented a pitiable sight, indeed; well developed and well formed in every particular, save that of her head and neck, and they were augmented by her imbecilic look. The examination did not proceed far until I concluded that nothing except an operation would be of any benefit to her, which I proceeded to do, assisted by Drs. McCarthy and Schiltz, by severing with open incisions the sternal and mastoid and splenius muscles, and put her head and neck into a plaster paris cast, extending same down

the back far enough to control the head in an over corrected position. This was left on for a week, and when taken off I discovered that some of the deeper muscles were now upon their tension and would prevent the head from assuming the normal position. I immediately operated the second time, cutting the scalenius posticus and levator anguli scapulæ muscles, applying the after dressing the same as before, which was removed in ten days, leaving the head in a normal position, without any effort or knowledge of the patient, and the expression not nearly so idiotic, and since which time there seems to be some improvement in her mental faculties, and the result of the operation was all that could be wished.

This case, with a few others I have seen, prove to me beyond a doubt that there is a great deal more in this subject than many of us have previously thought there was, and that there is something seriously to be considered in these cases besides the deformity.

NEUROLOGY AND MEDICAL JURISPRUDENCE.

UNDER THE CHARGE OF

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APPARENT RECOVERIES IN GENERAL PARESIS.

By Max. E. Witte, M. D., Mt. Pleasant, Iowa.

GENERAL progressive paralysis of the insane is looked upon by the profession at large as a disease, whose chief characteristic is a steady and uninterrupted destruction of all the functions of the nervous system, beginning with the highest and progressing until all, even the lowest, have been involved, and death draws the curtain on the last scene of the tragedy. The popular view is that the victim of this malady is hurried on by the inexorable current of organic degeneration, ever faster and faster to complete destruction of intellect, of motion and sensation, and to dissolution. Yet, observers of much experience now and then report cases in which there was a marked remission or even intermission in the course of the disease, so that the patient appeared to recover. Some complete and permanent recoveries even have been reported. But these latter no doubt were cases

of mistaken diagnosis, and were really subjects of alcoholism or due to some other toxic influence, and without actual degeneration of brain and nerve tissue. Even the cases of remission or intermission are hard to understand in view of the pathology of general paresis, and forcibly emphasize the fact, that the last word has not been spoken on this subject; and the pathology of this disease, notwithstanding its great advances, in a great measure (at this time) remains a *terra incognito*.

These cases of great improvement and even apparent recovery are sufficiently frequent to merit our attention, not only as interesting exceptions to a general rule, but also from a medico-legal point of view, since the subjects are often removed from a state of tutelage and irresponsibility, in which they have no voice in their own affairs or that of the commonwealth, to one of liberty, responsibility, citizenship and free agency in the affairs of life.

In the absence of special legislation on the subject in this state the discharge (as recovered) from the hospital for the insane, at once and without further formality restores the patient to the full possession of his personal and civic rights, and to a legal responsibility for his actions. It can easily be seen, that in cases of apparent recovery from general paresis where cortical disease persists, questions and complications in law might arise. So far as we have been able to learn this point has never had consideration.

To illustrate the particular phase of general paresis under discussion, the reports of three cases, selected from a rather extensive series, are submitted.

Case 1. Admitted September 27, 1894. Male, age 49, married. Is said to have had an attack eight years ago and has been a little "cranky" and subject to periods of headache, always on left side. Marked derangement began four weeks previous to admission by neglect of business and talk of building a fine residence, and about money and women. Said he was the son of God. The actual beginning of disease undoubtedly antedated this period by a considerable time. Incipient paresis evidently was responsible for a literary venture, which lost him much money. The product itself, a great poem as he thought, was really a jingling rhyme without poetry or merit whatever. At the time of admission and for some five months thereafter, patient was in

what was unmistakably the second stage of general paralysis. He was in a state of expansive delirium, and occupied by delusions of grandeur. He thought himself the possessor of boundless wealth and influence and a great poet and scholar. He was very erotic ; wanted to get married, and this especially during periods of intense excitement to which he was subject. During these spells most intense cerebral congestion was present, while a considerable degree of cerebral hyperæmia (diffuse meningo encephilitis) was present at all times, even during the quieter intervals. Fibrillary tremors, and motor impairment of the muscles of expression and articulation were well marked at all times.

About the following March patient steadily though slowly improved ; delusions and congestive attacks became fewer and less pronounced and finally disappeared altogether. He became more and more orderly and natural in thought, expression and manner, and by midsummer appeared to have regained his normal mental status, and no motor disturbance was noticeable in speech or expression. To every appearance he was well, and was allowed to go home about the last of June, 1895.

At home he did fairly well for a time, and even attended to some business, but after five or six months it became evident that his mind was failing rapidly. He was returned to the hospital in February, 1896, in a state of great confusion, depending on active cerebral degeneration of an inflammatory character. He was so obscured that he had no realization of his situation or condition, was delirious, with intense cerebral congestion. This wore away to some extent but left him greatly demented, with marked paresis of muscles of articulation, expression and locomotion. An apoplectiform attack occurred the latter part of March. He never recovered from this, but died a week later.

Case 2. Admitted in May, 1894. Male, age 57, married. First symptoms of mental derangement was noticed a week before admission, in careless and rapid driving of horses ; loud, boisterous and silly talking and the accumulation of worthless articles. At time of admission, and for some three months thereafter, patient remained in a state of more or less maniacal disturbance, which was early recognized as, beyond a question of doubt, a phase of general progressive paralysis. He was generally exalted in

feeling ; had delusions of grandeur, with impairment of motion and self-control ; fibrillary contraction and tremor of tongue, lips, and facial muscles, were present, and impairment and hesitation of speech prominent. The characteristic incoördinate movements on quickly turning in walking was also noted to some extent. Congestive attacks intervened, and one of unusual severity, followed by intense maniacal excitement, occurred the latter part of June. From August to the latter part of October patient steadily improved and the signs of mental and motor disorder and impairment gradually faded. He became so clear and orderly that we began to question our previous diagnosis.

In October he had an apoplectic attack from which, after twenty-four hours, he regained consciousness. Hemorrhage was in right Rolandic fissure, and not severe, for complete left hemiplegia disappeared in a comparatively short time. Some hallucinations of sight were present at times. During the next three months patient steadily improved mentally, in spite of an attack of la grippe, and another of suppurating inflammation of the ear on both sides. At time of discharge patient was rational and manifested no impairment of motion. From every appearance he had recovered, and was so entered on the records.

He went home and attended to business to some extent, and from reports it appears that he got along nicely. More than a year after leaving the hospital indications of general paralysis again rapidly developed, and his decline ending in death was thereafter rapid and uninterrupted.

Case 3. Admitted in January, 1892, male, age 45, married. Patient acted a little strangely during three or four months and became violent three weeks previous to admission. Deranged on subject of inventions. At time of admission and for three or four months subsequently this man presented well-marked features characteristic of general paralysis. There was constant cerebral hyperæmia, subject to attacks of more intense congestion ; more or less maniacal excitement with delusions of grandeur and expansion of feelings. He talked constantly about his untold wealth, lands, saw mills, railroads, and other property he owned, and the great and wonderful things he would do. He planned to take up all the government land at one dollar per acre, and then

plat it into cities. Also proposed to tear down the hospital building and erect a finer structure on its site. He was very emotional and laughed and cried by turn, without provocation. The finer movements were impaired; had tremors and irregularities of articulation, expression and locomotion, which for a time appeared to increase.

Against expectation patient improved during the summer, and became entirely clear and rational, and motor impairment disappeared. He was pleasant, cheerful, free from delusions or extravagant ideas or feelings, and judging from every indication he appeared well and in his normal state. He was discharged in August and entered on the records as having recovered.

Two months later he was returned in a state of deep depression and was extremely dull and gloomy, even stuporous. Would not eat and required feeding by tube. While he ate well afterwards and gained in flesh, constantly increasing mental weakening and obscuration persisted, with loss of facial expression, difficulty of articulation and ever increasing loss of motion, so that he was soon confined to bed, where he remained helpless and careless in his personal habits up to his death, which occurred a few months ago.

These cases on admission had all passed the first stage of the disease and entered well into the second, and the remission and disappearance of the formidable indications amounting to recovery, apparently, was certainly remarkable. The course of the disease in cases 1 and 3, after return to the hospital, and that of case 2, probably, was plainly that of the third stage, and without another passing through of preceding stages, showing conclusively that cortical disease was present even during the interval of apparent health, and the degenerative process was temporarily in abeyance, or what is more likely, insidiously going on, In case 1, probably, and in 2 and 3, more than probably, syphilis constituted the important etiological factor. Specific treatment may to some extent, but not altogether, explain the disease histories of these cases. But treatment evidently could not remove the disease process completely, and the inference is, that a fair degree of mental integrity can exist with a certain degree of general cortical disease.

SURGERY.

UNDER THE CHARGE OF
J. E. SUMMERS, M. D., *Omaha, Neb.*
Professor Surgery Omaha Medical College.

LIGATION OF THE INTERNAL ILIAC ARTERY FOR ANEURISM---SUCCESSFUL.

Reported by N. Merrill, M. D., Marshalltown, Iowa.

SINCE Stevens, of St. Croix, first essayed the ligation of the internal iliac in the early part of this century, the operation has always possessed sufficient interest for the profession to render subsequent attempts worthy of special note. The large size of the artery, its deep location, and the difficulties and dangers to be overcome in reaching it, have ever rendered this operation one of the most formidable in the whole domain of surgery. Its rarity is evidenced by the fact that up to within the last decade only thirty cases of ligation of this artery are recorded, and these with a mortality of 66 per cent. From the best data obtainable at the present time not over fifteen successful cases stand to the credit of surgery in both hemispheres, and one of these the writer takes pleasure in here recording.

The case occurred in the practice of Dr. S. B. Sayre, of Conrad, Iowa, and the successful operator is Dr. E. S. Burroughs, of this city, to whom, no doubt, belongs the enviable distinction of being the first surgeon west of the Mississippi to undertake this perilous procedure. The history of the case, furnished by Dr. Sayre, is as follows:

Mrs. B——, age 27, married, mother of three children, first consulted him in regard to her present trouble about the first of last January. At that time the patient complained of a sharp, lancinating, sometimes throbbing, pain, in the upper part of the vagina to the right of the cervix, together with loss of appetite, insomnia, and general malaise. She stated that the trouble dated back to her last confinement, two years previously, at which time she was in labor forty-eight hours and suffered a tedious convalescence.

A vaginal examination revealed a pulsating tumor five-eighths

of an inch in diameter to the right of the cervix, together with some tenderness of the right ovary. The diagnosis of aneurism with ovaritis was made and treatment instituted for the latter condition, while the former was carefully watched. By March 30th the tumor had enlarged to a diameter of one and three-eighths inches and possessed the characteristic aneurismal thrill. A fellow practitioner was then called in, who administered ether, and by introducing his hand into the vagina Dr. Sayre was enabled to trace the tumor upward and thereby made his diagnosis of aneurism of the anterior branch of the internal iliac artery. From this time on the tumor enlarged quite rapidly and the subjective symptoms were correspondingly aggravated. The patient and family, having been fully apprised of her perilous condition and of the only means that gave promise of averting the threatened calamity, finally consented to it, and on June 3d Dr. Burroughs, assisted by Drs. Sayre and McLain, of Conrad, Dr. Wm. McLain, of Beaman, and the writer, proceeded with the operation. The services of a trained nurse having been previously secured, thorough antiseptic preparation of the room and person of the patient had been faithfully carried out, and all dressings, clothing, utensils, and instruments carefully sterilized by boiling. The patient was placed on a table in the best light obtainable, the day being cloudy, and after ether anæsthesia had been induced an incision was made in the median line extending from about two inches above the umbilicus to the symphysis pubis. Owing to the extreme fleshy condition of the patient this failed to furnish sufficient room for the necessary manipulations, so a second incision was made at right angles with the first, extending from its middle point to the anterior superior spinous processes of the ilium on the right side. Through this opening the small intestines, which had been thoroughly emptied by salines, were drawn outside the cavity and received into a sheet of sterilized oil silk and covered with warm antiseptic towels. After effectually walling off the field of operation with pads of sterilized gauze the operator introduced his hand into the pelvic cavity and was able to outline the tumor, now enlarged to a diameter of nearly three inches and quite thin in its most dependent portion. It involved the origin of the uterine artery, together with the anterior trunk of the internal iliac up to

near its junction with the posterior trunk. Selecting a point in the course of the internal iliac near its origin a fold of the superimposed peritoneum was raised and incised by an assistant, the vessel carefully isolated from ureter and vein, and a stout silk ligature passed around it from within outward by means of a chain-saw carrier, the ordinary aneurism needle proving inadequate in this instance. An assistant now introduced his hand into the vagina and as the ligature was tightened the tumor was felt to collapse and the pulsations ceased. The pelvic cavity was then flushed out with sterilized water, the bowels returned to place, and incisions closed by three rows of sutures, a continuous catgut suture of the peretoneum, and silk suture of the muscular and tegumentary layers. The operation, exclusive of dressing, occupied a trifle over an hour. The patient rallied promptly from the anæsthetic and her subsequent recovery was uneventful. On the following day the temperature was 101°, pulse 100; June 5th, temperature 100½°, pulse 106. From this time on temperature and pulse declined until on the fifth day following the operation they reached normal and so remained. On the twelfth day the stitches were removed and adhesive straps applied to support the abdomen. Patient was last visited by Dr. Sayre on July 4th, at which time she was able to sit up in a chair and was discharged —cured.

A COMPOUND FRACTURE OF THE SKULL WITHOUT LOSS OF CONSCIOUSNESS.

By Alanson M. Pond, M. D., Webster City, Iowa.

ON SEPTEMBER 4th, 189–, the writer was called to attend a boy about twelve years of age who had been kicked by a horse. There was a wound extending from the middle of the frontal bone, just above the nasal eminence, obliquely upward and to the left nearly four inches, almost reaching the coronal suture and about three-fourths of an inch in width. The dura mater was found to be cut and several pieces of bone were removed through the rent; also a piece of felt hat and a fragment of leather sweatband.

The patient was conscious and gave a very clear account of the accident, stating that after the horse had kicked him he ran after it and tried to catch it. The hemorrhage was slight, speech was not impaired, and there was no history of vomiting. The fragments of bone were removed, the depressed edges elevated, and the dura mater stitched with silk-worm gut sutures; the wound was thoroughly washed with carbolic acid solution (4 per cent), a drainage tube was placed between the sutures in the dura mater, and the whole wound dusted with powder composed of aristol and boracic acid, equal parts, and the wound closed by silk sutures.

The recovery was uneventful. The constitutional symptoms were slight, there was no unconsciousness or vomiting, and the temperature remained normal.

The value of the anti-streptococcic serum is still *sub judice*.

The British royal commission on tuberculosis reports that tuberculosis of the cow is not transmissible through the milk unless the udder is the site of the disease. If the udder is affected the disease is very contagious. All tuberculous cows must be regarded with suspicion, as they are liable to become affected in the udder with the disease at any time. The only proper course is to exclude such cows from the dairy. Cows with nodular udders, whether tuberculous or not, should be excluded.

Cancer is now conceded by all authorities, with one exception, to be in its incipiency purely local. Heredity plays no part in its etiology.

Early and complete removal, therefore, will effect a cure. The pre-cancerous stage must be recognized. Cures will be effected in proportion to ability to such recognition and prompt removal. Already the percentage of cures has risen from 10 to 15 per cent. There is no known remedy for the cure of cancer. Alcohol injection is now vaunted as a cure. It will no doubt join the exploded theories of the past for the cure of the disease.

IOWA MEDICAL JOURNAL.

A MONTHLY JOURNAL
Devoted to the Interests of the Iowa Profession.

Subscription, $2.00 per year, in advance.

Address Communications to J. W. KIME, M. D., Des Moines, Iowa.

VOL. III. SEPTEMBER, 1897. No. 9.

Hernia and the Injection Method of Cure.

There is in Des Moines a company known as the Fidelity Rupture Cure Company. It injects some irritant into the inguinal region and collects a large fee for the same. The method is an old one and its virtues are so much less than its dangers that the medical profession has wisely left it alone.

The injection method has now had quite a run in Iowa. Like all unscientific methods of treatment, however, it sooner or later comes to a tragic end. Early in September a Mr. Whallon, of Des Moines, having read of the speedy and easy cures of the Fidelity Company, concluded to try it. He did so. Soon after the injection he became unconscious and died within a few days. The autopsy showed the injection had been made into the veins of the inguinal region and that thrombosis and embolism had resulted. The coroner's jury found the injection to be the cause of death.

The exact position of the needle point in this dangerous region is so uncertain, and death so sure to result from so active an irritant if the needle has entered a vein, that no physician can afford to risk the life of his patient by any such unscientific methods.

Need of a National Board of Health.

The need of a national board of health is again demonstrated by the spread of yellow fever throughout the south. So long as the health department is a side issue to the marine hospital service so long will the service be inefficient and unprac-

tical. From the date of the appearance of yellow fever at Ocean Springs, Miss., to its spread to a dozen other cities, was an exceedingly brief period. Under a national board of health, with supreme power as to quarantine methods, it is safe to say that the disease would have been confined to the place of its origin. It will perhaps be necessary to have a few more object lessons in the way of widespread epidemics before this question will be correctly settled.

Summer Diarrhœa.

It must not be forgotten that summer diarrhœa is a strictly zymotic disease, that it is dependent upon fermentative processes in the alimentary canal. With this fact ever before the mind there can be no mistake in treatment.

It is worse than folly, it is nothing short of criminal, to attempt to lock up the bowels with astringents and opiates until this material has been gotten rid of and steps taken to prevent its immediate reformation.

A brisk cathartic, unless the disease is too far advanced at the first visit, will be the best means of clearing the canal. If well advanced, the canal should be thoroughly washed with proper anti-fermentative solutions, from both the upper and lower extremities of the tract. Large quantities of fluid will be necessary. The stomach and intestines having been cleansed by either or both methods, we are now ready for opiates, astringents and antiseptics. Bismuth, camphorated tincture of opium, and many other similar preparations, will now produce prompt results in most cases.

The diet, however, is of greater importance than drugs. Milk should be entirely withdrawn. Sterilized or Pasteurized milk is little or no better than plain milk, as it rapidly undergoes fermentation by coming in contact with the stomach and intestinal contents. Withdraw all food and give sterilized water if possible for a day or so. Barley water or rice water may be used. Beef juice freshly prepared at home is admissible. The less of all foods given for the first day or two the better.

Treated in this rational manner the mortality from summer diarrhœa will be almost *nil.*

STATE NEWS.

A doctor is wanted at Pioneer, Iowa.

Dr. H. C. Stream has located at Tingley.

Dr. E. E. Sowles has located in Goodell.

Dr. O. W. Phelps, of Hawarden, will locate at Britt.

Dr. Beatty, of Muscatine, has located at West Branch.

Dr. Laura Armstrong has recently located at Fort Dodge.

Dr. C. W. DeMotte, of Audubon, will remove to California.

Dr. A. L. Nichols has removed from Devon to Quincy, Kan.

Dr. Frank Aldrich, a graduate of Rush, will locate at Lenox.

Dr. J. A. Potter, of Cascade, will remove to Wyoming, Iowa.

Dr. A. B. Palmer, of Newton, has recently been seriously ill.

Dr. Ed Sherman, of Stuart, will do post graduate work in Chicago.

Dr. F. J. Plondke, of Everly, will spend a year in the hospitals of the east.

Dr. Muncey, of Jessup, is very sick, and there are no hopes of his recovery.

Dr. Feenstra, of Arcadia, lately suffered the misfortune of a fractured leg.

Dr. Kenney, of Creston, has bought the practice of Dr. Turner, of Bridgewater.

Dr. G. W. Boot, of Hartley, will spend a year in Philadelphia in medical work.

Dr. I. N. Buzzard, of Russell, was married to Miss Ella Hixon, on September 5th.

Dr. Richter, of Klemme, made a visit to his old home in Pennsylvania this month.

Dr. Edwin McWilliams, of Denison, has recently recovered from a severe illness.

Drs. Hoag and Smith, of Nevada, are planning a hunt in the mountains of Montana.

Dr. W. J. Baur has accepted a position in the Independence Hospital for the Insane.

Dr. Karterman, of Ida Grove, has just returned from post graduate work at Philadelphia.

Dr. J. H. Griffin, of Carpenter, was married to Miss Rosena Lubiens, on September 8th.

Dr. S. Thompson, of Toledo, has been appointed physician to the Indians of Tama county.

Dr. A. M. Vail, of Rock Rapids, has sold an interest in his practice to Dr. T. H. Marsden.

Dr. T. M. Lynn, of Grundy Center, intends to spend the winter in California with his family.

Dr. C. E. Holden, of Delta, will do post graduate work in Chicago for the next few weeks.

The Fort Dodge Medical and Surgical Institute has been closed. It was an advertising institution.

Dr. T. B. McWilliams, of Sigourney, has gone to Bay View, Mich., for the relief of hay fever.

Physicians contemplating post graduate work in Chicago will find it to their interest to write us.

Dr. W. E. Whitney, of Eldora, has gone to New York to attend a series of lectures on surgery.

Dr. J. R. Standley, of Blockton, exhibited a car load of his famous Angora goats at the State Fair.

Dr. Hoffman, of Moravia, has lately returned from an extended visit with his son at Spokane, Washington.

Dr. R. H. Hews, of Rockwell City, has placed his son in the medical department of the State University.

Dr. Carmylite Hagan, of Keokuk, was married to Dr. Henry Gray, of Butler, Illinois, on September 14th.

Dr. Jesse L. Reeves, of LeMars, was married on September 15th to Miss Myrtie Symms, also of LeMars.

Dr. L. J. Bowman, of Greeley, recently suffered the loss of his little boy, who died after a very brief illness.

Dr. F. W. Daubney, of Decorah, has been nominated for state senator from the Winneshiek-Howard district.

Dr. Jno. Ogilvie died at his home in Lone Tree, August 14th, after a painful illness of several weeks' duration.

Dr. Forester and family, of Traer, have removed to Los Angeles, Calif., where they will make their future home.

Pension examiners for Pottawattamie county are Dr. F. S. Thomas, Dr. J. H. Cleaver, and Dr. F. Robbins, of Neola.

Dr. J. K. Coakley, of Mt. Ætna, was recently thrown from his buggy and sustained injuries from which he has not yet recovered.

Dr. G. H. Porter, of Strawberry Point, has formed a professional partnership with Dr. J. W. Caldwell, of Steamboat Rock.

Schlatter, the divine healer, has been arrested by the state board of health of Illinois for practicing medicine without a license.

Dr. Frank M. Fuller, professor of chemistry in the Keokuk Medical College, was recently married to Anna M. Ballinger, of Keokuk.

Dr. Arte Folsom has returned from a two months' post graduate course in Chicago, and a trip through northern Wisconsin and Michigan.

Vin Babcock, a son of Dr. Amos Babcock, of New Hampton, has passed the examination, and will enter the naval academy at Annapolis.

Dr. W. E. Sanders, of Alta, has completed a course in pathology and surgery at St. Louis, and will now spend some time in the hospitals of Chicago.

The Fayette County Medical Association met at Oelwein, August 8th, with a full attendance. The meeting was unusually interesting and instructive.

On September 14th, Dr. J. C. Cooney, of Westgate, was married to Miss Susan McSweeney. The Doctor had provided a new home ready for his new wife.

The new hospital for the medical department of the State University is nearly completed. The cost of construction was $54,000, $11,000 being used for furnishing.

Dr. P. L. Prentiss, of Ringgold county, was renominated for representative, receiving the entire vote of his party, which is a flattering tribute to his work as a legislator.

Dr. J. M. Rendelman, of Audubon, has returned from a trip to northwestern Arkansas and is so well pleased with the country that he thinks of making it his future home.

Drs. Guilbert and Shrader, of the Iowa State Board of Health, attended the national conference of State and Provincial Boards of Health, at Nashville, where the latter read a paper.

Dr. Wellington Bird, of Mt. Pleasant, died on August 18th. Dr. Bird was greatly esteemed by his professional brethren of Henry county, sixteen of whom served as his pall bearers.

Dr. H. C. Bullis, of Decorah, died at his home on September 5th. Dr. Bullis served as state senator, regent of the university, special Indian agent, and occupied many other positions of honor and trust.

The hospital at Ottumwa has been found too small and a new one will be built. Drs. Brockman, Baker and Spilman are the movers in the project. They are ably assisted by all the leading doctors of the city.

The republicans of Lee county have nominated Dr. S. W. Moorehead, of Keokuk, as state senator. The doctor is a man of wide public experience, an editor of marked ability and will make an excellent senator.

The Plymouth County Medical Society has been organized, with Dr. Mary Breen, president; Dr. C. F. Kuney, vice-president; Dr. P. L. Brick, secretary; Dr. G. H. Mammen, treasurer; Dr. J. C. McMahon, Dr. R. H. Somers, Dr. W. F. Berner, board of censors.

Dr. J. M. Ball, of Waterloo, died on August 1st. Dr. Ball was the father of Dr. James Moores Ball, of St. Louis, the able editor of the *Tri-State Medical Journal.* Dr. Ball, Sr., was a noted physician and held many prominent positions connected with his profession.

The Sioux City College of Medicine has inaugurated rather a novel feature in connection with its opening. Public exercises were held on September 4th. Dr. G. W. Beggs presided. Mayor Cleland, Dr. D. W. Crouse, of Waterloo, and Dr. E. Hornibrook, of Cherokee, delivered addresses.

About one year ago the seven-year-old daughter of Dr. B. C. Kelly, of Carroll, died of tetanus. Eight days previous she received a slight injury to the foot while walking on the sidewalk, her shoe being penetrated. The wound healed promptly and the child appeared in perfect health twenty hours before her death.

We acknowledge receipt of invitation to attend the ninth annual meeting of the Tri-State Medical Society of Alabama, Georgia, and Tennessee, to be held in the auditorium of the Tulane Hotel, Nashville, Tenn., Tuesday, Wednesday, and Thursday, October 12, 13, and 14, 1897. An interesting program has been prepared.

Recent appointments of pension examiners are: Dr. Ward Woodbridge, Central City; Dr. Skinner, Cedar Rapids, and Dr. LaGrange, of Marion, for Linn county. Dr. Martin, of Pomeroy; Drs. Speaker and Young, of Manson, for Calhoun county. Dr. Powers, of Reinbeck; Dr. Penfield, of Conrad, and Dr. Burns, of Grundy Center, for Grundy county.

The Mississippi Valley Medical Association meets at Louisville, Ky., on October 5, 6, 7, and 8, 1897. An elaborate and interesting program has been prepared. Some of the most eminent men in the country are on the program. A rate of one and one-third fare has been made on all railroads. Iowa is but sparingly represented in the program, Dr. Cokenower, of Des Moines, alone appearing.

It appears from the public press that we have a school of osteopathy at Keokuk. Its president is Miller Machin, D. O., M. D. Graduates are being turned out already, although we have just learned of the existence of the school. It would be nothing short of a calamity if these mushroom schools should be allowed to send out graduates to impose their ignorance upon the people of the state.

As a result of our request last month for volunteers to correct the forthcoming Directory of Iowa Physicians in the various counties of the state we are pleased to state that the following have responded: Benton, Butler, Calhoun, Carroll, Crawford, Dallas, Henry, Humboldt, Jones, Mahaska, O'Brien, Pocahontas, Pottawattamie, Ringgold, Wapello, and Warren.

We shall be glad to send list for correction to one or more physicians in each of the other counties of the state, as we desire to make this directory very complete.

On Tuesday, August 24, 1897, there gathered at Pocahontas, Iowa, from all parts of the county, the following physicians: Drs. C. R. Whitney and L. G. Patty, of Fonda; Drs. W. W. Beam and C. P. Leithead, of Rolfe; Dr. J. D. Wallace, of Plover; Drs. O. H. Barthel and C. B. Lawrence, of Pocahontas, for the purpose of organizing a medical association. The following were elected officers for the ensuing year: Dr. W. W. Beam, president; Dr. C. R. Whitney, vice-president; Dr. O. H. Barthel, secretary, Dr. J. D. Wallace, treasurer. The Pocahontas Dis-

trict Medical Association is the first and only one of its kind brought forth in this county up to the present date. Dr. A. L. Belt, of Gilmore City, and Dr. Edgar, of Fonda, added their names to the membership by proxy.

The American Pediatric Society is making a collective investigation of infantile scurvy as occuring in North America, and earnestly requests the co-operation of physicians through their sending reports of cases, whether these have already been published or not. No case will be used in such a way as to interfere with its subsequent publication by the observer. Blanks containing questions to be filled out will be furnished, on application to any one of the committee. A final printed report of the investigation will be sent to those furnishing cases, Signed, J. P. Crozer Griffith, M. D., chairman, 123 South Eighteenth street, Philadelpeia; William D. Booker, M. D., 853 Park avenue, Baltimore; Charles G. Jennings, M. D., 457 Jefferson avenue, Detroit; Augustus Caille, M. D., 753 Madison avenue, New York City; J. Lovett Morse, M. D., 317 Marlboro street, Boston, *Committee.* It is hoped that all possible aid will be rendered the committee by our readers in the investigation of this important subject.

The Shaker doctors have been in Waterloo for about two weeks, but Friday we had the "old Shaker doctor" arrested on the charge of practicing medicine without a permit from the State Board of Examiners. He was found guilty and fined $25 and costs, which he paid, and Saturday night left town. There is with him a young man 29 years old, Charles Le Wiskin, who is a graduate of the College of Physicians and Surgeons, of St. Louis, and who has a certificate from the state board, but the "old Shaker doctor," by name John Frances Hovey, the one who does the business, does not hold a certificate. He holds a license from the State Board of Pharmacy to sell Shaker medicine, and claims he does not practice, but that the young doctor does all the examining and prescribing. Anyone who goes to see them must first buy a bottle of medicine, with which he secures a card which entitles him or her, as the case may be, to a free examination and consultation at their rooms. When the person holding the card presents himself at their rooms is the time the "old Shaker doctor" begins practicing. As he told the patient (?) whom we sent

him, "The young doctor treats all diseases above the diaphragm and I treat all below." The patient whom we sent him, according to his diagnosis, after examining the urine in his presence and showing him the sugar bubbling to the top of the urine in the test tube, had diabetes, which he said was the first stage of Brights' disease. He promised to treat him three months for $37.50.

W. B. SMALL, M. D., Waterloo.

[The doctors of Waterloo are not afraid to do their duty.]

The fourth annual meeting of the Iowa State Association of Railway Surgeons will be held at Des Moines, Iowa, October 13 and 14, 1897. The headquarters of the association will be at the Kirkwood House, and its meetings will be held in the club rooms of the hotel. Following is the program: Wednesday, October 13th, 10 A. M.— Call to order by chairman committee of arrangements; prayer by Rev. A. L. Frisbie, D. D., LL. D.; address of welcome, Hon. J. A. T. Hull; response, H. L. Getz, Marshalltown; report of committee of arrangements; report of committee on credentials; miscellaneous business. Afternoon session, 1:30 P. M.— President's address, D. S. Fairchild, Clinton; "Minor Railway Surgery," A. O. Williams, Ottumwa; "Eye and Ear Examinations of Railway Employes," F. E. V. Shore, Des Moines; "Traumatic Neurasthenia," F. S. Thomas, Council Bluffs; "Fractures," A. L. Wright, Carroll; "A Dressing for Open Wounds," V. B. Knott, Sioux City. Evening session, 7:30 P. M. — Demonstration of the skiagraph, S. R. Macy, Ph. C., Pharm. D., professor chemistry Highland Park College, Des Moines; "A Case of Hereditary Hemicrania, Mitigated by Fracture of the Skull," E. Burd, Lisbon; "The Surgery of the Hand," Chas. Flynn, Postville; "A Clinical Study of Some Septic Processes," G. G. Cottam, Rock Rapids. Second day, morning session, 10 A. M.— Prayer, Rev. J. Everist Cathell, S. T. D.; "Internal Injuries," J. N. Warren, Sioux City; "Contusions of the Abdominal Viscera in Railway Injuries," A. F. Jones, Omaha, Neb.; "Intra-Abdominal Injuries," E. B. Walston, Des Moines; "The Railway Surgeon," Hon. A. B. Cummins, Des Moines; "Injuries to the Chest, with Report of Case," G. A. Meredith, Crawford, Neb. Afternoon session, 1:30 P. M.—"The Unfortunate Commercial Aspect of Medicine, Past, Present, and Future," G. Baldwin,

Ruthven; "A Case of Shock, with Some Observations on the Vaso Motor System," M. N. Voldeng, Des Moines; "Injuries to Shoulder, with Report of Cases," H. C. Young, Bloomfield; "Operation in Osteo Myelitis," Lewis Schooler, Des Moines; paper, no subject given, N. C. Morse, Eldora; paper, no subject given, Manning L. Allen, Tama; "Treatment of Compound Fractures," D. C. Brockman, Ottumwa; paper, no subject given, J. C. Hughes, Keokuk. Officers and committees: President, D. S. Fairchild, Clinton; vice-president, T. J. Caldwell, Adel; secretary, A. A. Deering, Boone; assistant secretary, V. B. Knott, Sioux City; treasurer, H. L. Getz, Marshalltown; committee of arrangements, R. A. Patchin, Des Moines, T. J. Caldwell, Adel; judicial committee, J. N. Warren, chairman, Sioux City; transportation committee, D. S. Fairchild, chairman, Clinton. Transportation: The C., R. I. & P., C., M. & St. P., C. & N. W., and Chicago Great Western will issue passes to surgeons of other companies on request being made by general manager or superintendent. Surgeons on C., M. & St. P. may obtain transportation from J. A. Hinsey, special agent, Chicago. Surgeons on Iowa Central may apply to Dr. H. L. Getz, chief surgeon, Marshalltown, for passes upon the above named road. Surgeons on the B., C. R. & N. will apply to W. P. Brady, claim agent, Cedar Rapids. The Des Moines, Northern & Western will issue passes to surgeons of other roads on application to R. A. Patchin, chief surgeon, Des Moines, Iowa. Hotel rates: Kirkwood, $2; Aborn, $2; Savery, $3 to $4.50. The secretary has received the following invitation: "The Polk County Medical Society extends a cordial invitation to the association to join its regular meeting on October 12th at 8 o'clock P. M., sharp, at Our Circle Hall, Eighth and Locust streets. A paper on 'Some Points in the Differential Diagnosis of Certain Chronic Diseases of the Spinal Cord' will be read by Dr. D. S. Fairchild, of Clinton. A clinical demonstration of the subject will be given by Dr. Jas. T. Priestley, of Des Moines, and the discussion of the paper will be opened by Dr. M. N. Voldeng, of Des Moines. After the program there will be a light collation and an informal social session. E. Luther Stevens, secretary; R. A. Patchin, president."

The tenth annual meeting of the Medical Society of the Missouri Valley was held at Council Bluffs September 16th. The following was the program: "Gastroptosis and Enteroptosis," Dr. B. B. Davis, Omaha, Neb; "Piperazin in Rheumatism," Dr. Carl Engel, Aspinwall; "Diphtheria," Dr. E. C. Rankin, McLouth, Kan.; "A Case of Inveterate Club Foot," Dr. W. Ross Martin, Omaha, Neb.; "School Hygiene," Dr. S. R. Towne, Omaha, Neb.; "Notes on Clinical Surgery," Dr. J. E. Summers, Jr., Omaha, Neb.; "Professional Degeneracy," Dr. F. S. Thomas, Council Bluffs; "Lessons from Some Interesting Laparotomies," Dr. W. O. Henry, Omaha, Neb.; "Injection Method of Treating Internal Hemorrhoids," Dr. R. D. Mason, Missouri Valley; "Renal Tuberculosis," Dr. Chas, C. Allison, Omaha, Neb.; "Dementia in its Clinical Aspect," Dr. Mary Strong, Omaha, Neb.; "Experiments in the Disinfection of the Lid-borders and the Conjuctival Sac," Dr. H. Gifford, Omaha, Neb.; "Early Signs of Typhoid Fever," Dr. W. O. Bridges, Omaha, Neb.; "Septic Infection, Following Incomplete Abortion; History of a Few Cases," Dr. W. R. Talboy, New Castle, Neb.; "Relation of the Medical Profession to Popular Medical Fads," Dr. Geo. H. Simmons, Lincoln, Neb.; "Report of a Case of Compound Intra-Uterine Fracture," Dr. A. D. Wilkinson, Lincoln, Neb.; "Clinical Examination of Human Milk," Dr. H. M. McClanahan, Omaha, Neb.; "After Treatment in Surgical Operations," Dr. Carl Herman Anderson, Chicago, Ill.; "Necrosis of Thyroid Cartilage," Dr. F. W. Dean, Council Bluffs; "Skiagraphs of Arterial Sclerosis," Dr. J. P. Lord, Omaha, Neb.; "Ulcus Rotundum," Dr. A. F. Jonas, Omaha, Neb.

The first regular meeting of the Pocahontas District Medical Association was held at Fonda, Tuesday, September 28th, with the following gentlemen present: W. W. Brain, president; O. H. Barthel, secretary; C. Liethead, F. E. Heathman, W. F. Matson, A. L. Belt, O. R. Wright, D. W. Edgar, L. G. Patty. The president delivered his address and papers were read by A. L. Belt, Gilmore City, "Notes Upon Diphtheria," and L. G. Patty, Fonda, "The Duties We Owe to One Another." The papers were discussed by all present. The next meeting will be held the third Tuesday in January at Pocahontas.

Dr. J. M. Emmert, of Atlantic, has been nominated on the fusion ticket for senator from the Cass-Shelby district, and Dr. B. H. Criley, of Dallas Center, on the same ticket for the Dallas county district. Both would make excellent members and be of much service to the state. We hope to see both elected.

We are pleased to note that the Hon. D. H. Bowen, M. D., of Allamakee, has been renominated by acclamation as representative from his county. Dr. Bowen is one of the ablest members in the house.

BOOK REVIEWS.

"INEBRIETY; ITS SOURCE, PREVENTION, AND CURE." Author, Charles Follen Palmer. Publishers, Fleming H. Revell Co., New York. The subject presented in this little book is of universal interest and appeals directly to the physician, since heredity and disease play such important parts in the building up of drunkards. The subject is treated in a reasonable and intelligent manner, and while some may differ from the author in theory, yet none can deny that it presents a fair discussion of this much mooted question.

In the urinalysis work of a busy practice the careful examination of urine is often neglected for want of time in which to study all the details. Henerich Stern, Ph. D., M. D., has prepared a little work entitled "URINALYSIS," which will prove of great value to the busy practitioner in this important branch of his every-day work. Elaborate theories and protracted explanations are avoided, the directions being thoroughly practical and concise. Publisher, E. R. Pelton, 129 Fifth avenue, New York.

"MANUAL OF DISEASES OF WOMEN," by J. Bland Sutton and Arthur E. Giles, London, Eng. This is a well-illustrated handbook designed for students and practitioners. In the relation of facts and descriptions of methods which belong to the art of gynæcology it is clear, concise, and well arranged. The surgical features of the book will commend it to those practitioners who make a specialty of this branch. Publisher, W. B. Saunders, Philadelphia. Price, $2.50.

"A SYSTEM OF MEDICINE," Vol. III., by many writers and edited by Thomas Clifford Allbut, is lately out. It treats of infective diseases and toxicology, the various subjects being treated exhaustively in detail and in a scientific and complete manner. Publishers, the Macmillan Co., Fifth ave., New York. Price, $5.

"A TEXT-BOOK OF DISEASES OF WOMEN," by Chas. B. Penrose, M. D., Ph. D., is written for the medical student and presents the best teaching of modern gynæcology. For the most part anatomical, physiological, and pathological facts found in general text-books are omitted, such being mentioned in detail only when important for the elucidation of the subject. The work is well indexed and is an important addition to the student's library.

"INTERNATIONAL CLINICS," a quarterly of clinical lectures on medicine, neurology, surgery, gynæcology, obstetrics, ophthalmology, and dermatology, and specially prepared articles on treatment by professors in leading medical colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Editors, Judson Doland, Philadelphia; J. Mitchell Bruce, London; David W. Finlay, Aberdeen. Vol. II., seventh series, 1897. J. B. Lippincott Co., publishers.

"TUBERCULOSIS OF THE GENITO-URINARY ORGANS, MALE AND FEMALE," by N. Senn, M. D., Ph. D., LL. D. W. B. Saunders, Philadelphia, publisher. The authorship of this book is an unquestioned guarantee of its scientific value. The medical and surgical therapeutics of the affections of which this book treats is at the present time meager and unsatisfactory. The clinical observations of the eminent author, together with the views and opinions of surgeons of large experience in these diseases, forms a most important and special treatise on this subject.

"DISEASES OF THE EAR, NOSE, AND THROAT AND THEIR ACCESSORY CAVITIES," by Seth Scott Bishop, M. D., LL. D. Publishers, the F. A. Davis Co. This work is a condensed and simplified text-book for students' and practitioners' use, and is intended to constitute a key or introduction to exhaustive treatises intended primarily for specialists. Some subjects, as diphtheria, anti-toxine therapy, hay fever, etc., are given special prominence, with the opinions and experiences of a large number of eminent authorities. The work is dedicated to Prof. Nicholas Senn.

"WARNER'S POCKET MEDICAL DICTIONARY." Edited and published by William R. Warner, Philadelphia. It contains the pronunciation and definition of 10,000 essential words and terms used in medicine, and is what its title signifies, a medical dictionary that can be carried in the pocket.

"EYE STRAIN IN HEALTH AND DISEASE," with special reference to the amelioration or cure of chronic nervous derangements without the aid of drugs, by Ambrose L. Ranney, A. M., M. D., author of "Lectures on Nervous Diseases," "The Applied Anatomy of the Nervous System," etc., etc.; late professor of nervous diseases in the medical department of the University of Vermont and of the anatomy of the nervous system in the New York Post Graduate Medical School, etc. Illustrated with thirty-eight wood-cuts. One volume, royal octavo, pages viii–321. Extra cloth, beveled edges, $2 net. The F. A. Davis Co., publishers, 1914 and 1916 Cherry street, Philadelphia; 117 West Forty-second street, New York; 9 Lakeside Building, Chicago.

"ELEMENTARY BANDAGING AND SURGICAL DRESSING," by Walter Pye. Revised and in part rewritten by G. Bellingham Smith. This is a useful little manual for medical students and surgical nurses, and in its present revised form has received additions which greatly increase the utility of the work. W. B. Saunders, Philadelphia, publisher.

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Conservatism in the Treatment of Diseases of the Pelvic Organs in Women.

In the March issue of the *University Medical Magazine* Drs. S. Weir Mitchell, Wharton Sinkler, Charles K. Mills, and others, in discussing the relation of nervous disorders in women to pelvic diseases, said: "We have never seen a case in which ablation of the ovaries and termination of menstruation cured an epilepsy, and in all our life have met with only four reflex epilepsies, none of which were from uterine, ovarian or tubal diseases, and we are inclined to think that some at least of the cases classed as epilepsies of ovarian origin are in reality excessively violent hysterical convulsions, and we conclude that insanity is aggravated by the menstrual epoch, whether normal or not, but that it is very rarely caused by that alone. A great deal of uterine and ovarian disease should escape the knife by the use of patient medical treatment — no grave surgery of the pelvis should be allowed without medical consultation," and by the conservative administration of Dioviburnia, a uterine tonic and alterative, nervine and antispasmodic. In these opinions they voiced the sentiments of the great army of specialists and general practitioners.

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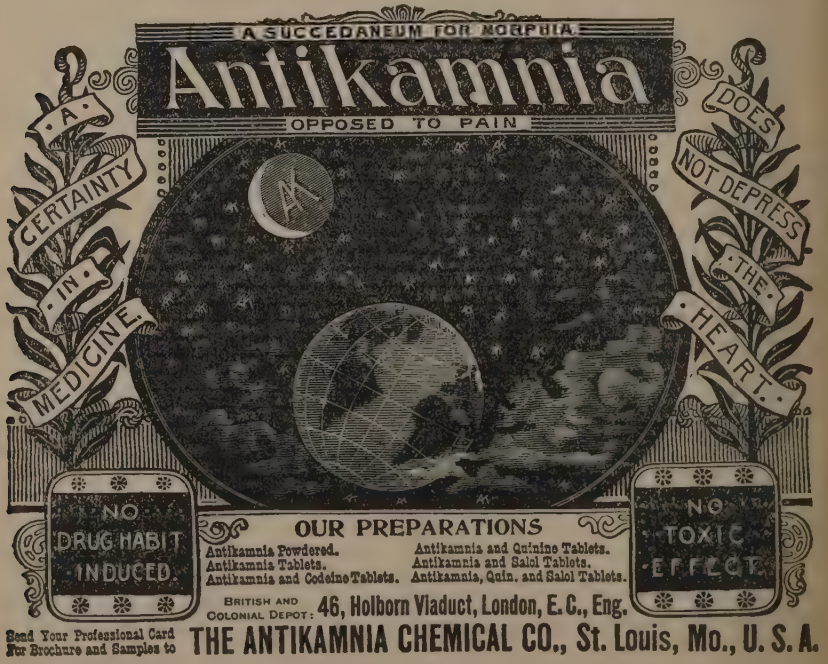
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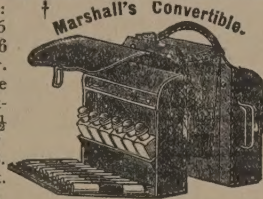

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